

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 564887

FILING DATE

APPLICANT(S)

11/17/06

CLAIMS

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
1	1					
2	1	1	2	1		
3	1	1				
4	1	1				
5	1	1				
6	1	1				
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TOTAL IND.	1		1			
TOTAL DEP.	5		5			
TOTAL CLAIMS	6		6			

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY